



# Unannounced Care Inspection Report 20 June 2019



## The Heathers Supported Living Service

**Type of Service: Domiciliary Care Agency**  
**Address: 39 Ballynahonemore Road, Armagh, BT60 1JD**  
**Tel No: 02837522209**  
**Inspector: Jim McBride**

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

**1.0 What we look for**



**2.0 Profile of service**

The Heathers is a supported living type domiciliary care agency based in Armagh. The agency provides a range of personal care and supported housing services to individuals with a learning disability; service users have their care commissioned by the local Southern Health and Social Care Trust(SHSCT) and the Belfast Health and Social Care Trust.

At the time of the inspection there were 21 individuals in receipt of a service, supported by 61 staff.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Inspire Disability Services	<b>Registered Manager:</b> Susan McBride
<b>Responsible Individual:</b> Louise Smith	
<b>Person in charge at the time of inspection:</b> Susan McBride	<b>Date manager registered:</b> Susan McBride – 13 August 2015.

### 4.0 Inspection summary

An unannounced inspection took place on 20 June 2019 from 09.30 to 13.45.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

As a public-sector body, RQIA have a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the choices and freedoms associated with any person living in their own home.

There were examples of good practice found throughout the inspection in relation to staff recruitment, training and development, adult safeguarding and risk management. The care records were well maintained and there was evidence of good communication with relevant stakeholders. Care and support was provided in an individualised manner. The agency promoted the involvement of service users. There were good governance and management arrangements in place, which focused on quality improvement initiatives and maintaining good working relationships.

It was evident in all four domains that the agency promoted the service users' human rights; this was evident particularly in relation to the areas of consent, autonomy, equality, decision making, privacy, dignity, confidentiality and service user involvement.

Staff interactions observed by the inspector were noted to be warm and caring. Service users consulted with also spoke positively in relation to the care and support they received.

The inspector would like to thank the registered manager, service users, service user’s relatives and staff for their support and co-operation throughout the inspection process.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users’ experience.

**4.1 Inspection outcome**

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Susan Mc Bride, registered manager, as part of the inspection process and can be found in the main body of the report.

**4.2 Action/enforcement taken following the most recent care inspection dated 22 August 2018.**

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection.

**5.0 How we inspect**

Prior to inspection the inspector reviewed the following records:

- previous RQIA inspection report and quality improvement plan (QIP)
- all correspondence received by RQIA since the previous inspection

A range of documents and policies and procedures relating to the service were reviewed during the inspection and are referred to within the report.

At the request of the inspector, the person in charge was asked to display a poster prominently within the agency’s registered premises. The poster invited staff to give their views and provided staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. Twenty-one responses were received with general satisfaction levels and comments highlighted:

**Comments:**

- “The service users living within the Heathers are very involved in all aspects of their lives. The staff have had further training in communication skills for service users with limited communication this has proved very successful.”
- “I think the service is very good and the staff are well trained and treat service users and other staff well.”
- “Best place I ever worked. Service users are supported to live happily in their home. Staff excellent. Great place to work”
- “I like working with inspire as I feel they are a good organisation to work for.”

Ten questionnaires were also provided to the manager for distribution to the service users and their representatives; no questionnaires were returned prior to the issuing of the report.

The inspector requested that the person in charge place a “Have we missed” you card in a prominent position in the agency to allow service users and family members who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No feedback was received.

The inspector spoke with one service user, six staff members and two relatives. Comments received are included within the report. Staff spoken with gave a comprehensive overview of the service.

### **Staff comments:**

- “Induction was good and staff were very helpful to me.”
- “Training is beneficial and keeps your practice updated.”
- “Staff focus on independence for service users.”
- “We are familiar with and focus on service user rights daily.”
- “The senior team are approachable and professional.”
- “Staff communicate well with each other.”
- “Supervision and appraisal is regular and very supportive.”

### **Service user’s comments:**

- “I love my home.”
- “I get in well with my house mates.”
- “I feel safe and secure here.”
- “I get on well with my keyworker.”
- “I like the activities and outngs.”
- “I have no complaints.”

### **Relatives Comments:**

- “Good communication from staff.”
- “The service is great.”
- “Good care and attention for my \*\*\*\*\*”
- “I and the family are happy with the service provided.”
- “The staff are all very helpful and friendly.”
- “It’s the best place my relative has been.”
- “They provide good care and attention.”
- “I have no concerns or worries.”

Areas for improvement identified at the last care inspection were reviewed as part of this inspection and were recorded as met.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspection dated 22 August 2018**

The most recent inspection of the agency was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

**6.2 Review of areas for improvement from the last care inspection dated 22 August 2018**

<b>Areas for improvement from the last care inspection</b>		
<b>Action required to ensure compliance with Regulations 5.1</b>		<b>Validation of compliance</b>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 5.1.Schedule (1) &amp; 5.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From the inspection date</p>	<p>The registered person shall compile in relation to the agency a written statement (in these Regulations referred to as “the statement of purpose”) which shall consist of a statement as to the matters listed in Schedule 1.</p> <p>The registered person shall supply a copy of the statement of purpose to the Regulation and Improvement Authority and shall make a copy of it available on request for inspection at the agency premises by every service user and the service user’s representative.</p> <p>Ref: 6.7</p> <p>This area for improvement relates to the current statement of purpose that is required to describe the full nature and range of services provided.</p>	<b>Met</b>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspector confirmed that the current nature and range of services had been updated within the required document. The records were available and up to date at the time of inspection.</p>		
<b>Action required to ensure compliance with 6.1</b>		<b>Validation of compliance</b>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 6.1 (a) &amp; 6.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From the inspection date.</p>	<p>The registered person shall produce a written service user’s guide which shall include a summary of the statement of purpose.</p> <p>The registered person shall supply a copy of the service user’s guide to the Regulation and Improvement Authority and every service user and, upon request, to the service user’s representative.</p> <p>Ref: 6.7</p>	<b>Met</b>



	<p><b>Action taken as confirmed during the inspection:</b> The inspector confirmed that the current document had been updated and records were available and up to date at the time of inspection.</p>	
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### 6.3 Inspection findings

#### 6.4 Is care safe?

##### **Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.**

The agency's arrangements for ensuring the service users were safe and protected from harm were examined during the inspection.

The agency's staff recruitment processes were noted to be managed in conjunction with the organisation's human resources department, located at the organisation's head office. Discussion with the manager identified that they were knowledgeable in relation to safe recruitment practices. Staffing levels were consistently maintained and there were no concerns raised by service users and staff with the inspector in relation to the service users' needs not being met.

New employees are required to go through an induction which included training identified as necessary, for the service and familiarisation with the agency and the organisation's policies and procedures. Induction has been developed to include the Northern Ireland Social Care Council (NISCC) Induction Standards. The induction was in line with regulation timeframes.

There was a rolling programme of training, supervision and appraisals and these areas were routinely monitored as part of the monthly quality monitoring processes by a senior manager. It was noted that additional training had been provided to staff in areas such as RESPECT, Epilepsy management, Eating and Drinking Awareness, Restrictive Practices and Dignity and Equality of Opportunity. The inspector noted some of the comments from staff following review of their training:

- "Training refreshed my knowledge of medication."
- "How to manage behaviours better."
- "Encourage staff to always be respectful."
- "That areas of restrictive practice need reviewed regularly."

Arrangements were in place to embed the regional operational safeguarding policy and procedure into practice, to ensure that the service users were safe and protected from harm. The review of records confirmed that any potential safeguarding incidents had been managed appropriately. The role of the Adult Safeguarding Champion (ASC) was discussed during the inspection and the inspector was advised that a senior director within the organisation holds this responsibility and ensures that the organisation's safeguarding activity is in accordance with the regional policy and procedures.



Discussion with staff confirmed that they were they were aware of what action to take if they had concerns regarding a service user being safeguarded and that they had been empowered to do so. Assurances were provided that the Annual Position Report will be completed in 2020.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. Records confirmed that comprehensive risk assessments had been completed in conjunction with service users and their representatives. This was verified by records viewed and during discussions.

It was good to note a number of risk assessments were in place for individual service users relating to:

- Behaviours that challenge
- Eating and drinking
- Maintaining a safe environment
- Epilepsy awareness
- Dysphasia assessment.

Care records and information related to service users were stored securely and accessible by staff when needed. Staff spoken with described the importance of storing confidential information in accordance with General Data Protection Regulations (GDPR). It was noted that GDPR training had been completed by all staff recently.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, training and development, adult safeguarding and risk assessment/management.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.5 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

The agency's arrangements for responding appropriately to and meeting the assessed needs of service users were examined during the inspection.

The full nature and range of service provision is detailed in the Statement of Purpose, (2019) and Service User Guide, (2018).

The review of the care records identified that they were comprehensive, person-centred and maintained in an organised manner. The care records evidenced referral information, risk assessments, care plans and annual care reviews with the relevant HSC Trust representative.

This supported the agency in conjunction with service users to review and measure outcomes. It was good to note that care plans are regularly audited by staff and reviewed in conjunction with service users and key stakeholders.

Care plans were noted to be comprehensive and person-centred, while clearly and concisely describing service users' needs. Care records did show that service users were central to the process. Care review records were reviewed and it was noted that follow up action had been taken in response to identified actions. Where HSC trust professionals had made recommendations in relation to service users' care plan e.g. risk assessments, there was a good system in place for review feedback.

There were arrangements in place to obtain, and act in accordance with the consent of people using the service. Care and support plans had been signed by service users or their representatives which indicated that they had been involved in their care and had agreed to it. It was noted that where care/support plans had been reviewed and relevant documentation was in place.

No concerns were raised during the inspection with regards to communication between service users, staff and other key stakeholders. Review of service user care records evidenced that collaborative working arrangements were in place with and where applicable other key stakeholders were involved.

Service user meetings and staff meetings were held on a regular basis and minutes were available for those who were unable to attend. The staff and service users had the opportunity to discuss the following agenda items during meetings:

**Service users:**

- Activities/outings
- Health and safety
- Staffing
- Keyworkers
- Respect each other.

**Staff:**

- Service user updates/issues
- Health and safety
- Staffing issues
- Risk assessments
- Restrictive practices.

The agency had robust quality monitoring systems in place to audit and review the effectiveness and quality of care delivered to the service users. Quality monitoring reports indicated consultation with a range of service users, staff, HSC Trust representatives and relatives. The inspector noted some of the comments made by individuals:

**Service users:**

- "I like going out with staff."

- “Good staff and good care and support.”
- “We all get on well together.”

**Staff:**

- “Training is always related to the job.”
- “I’m supported and well directed by management.”
- “Care provided is of a good standard.”

**Relatives:**

- “My \*\*\*\*\* has improved since the move here.”
- “The quality of care is very high and person centred.”
- “I’m happy with the quality of care my \*\*\*\*\* receives.”

**HSC Trust Staff:**

- “Good positive working atmosphere in the Heathers.”
- “We are very happy with the services.”
- “Good communication.”

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the quality of the care records and the agency’s engagement with the service users.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.6 Is care compassionate?**

**Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

The inspector sought to assess the agency’s ability to treat service users with dignity, respect, equality and compassion and to effectively engage service users in decisions relating to their care and support.

The inspector discussed arrangements in place relating to the equality of opportunity for service users and the need for staff to be aware of equality legislation whilst also recognising and responding to the diverse needs of service users in a safe and effective manner. It was identified that staff had completed training on equality and diversity.

Discussions with the service users, staff, relatives and the manager provided evidence that supports service users' equal opportunities, regardless of their abilities, their background, choices or their lifestyle.

Some of the other areas of equality awareness identified during the inspection include:

- Effective communication
- Service user involvement
- Adult safeguarding
- Advocacy
- Equity of care and support
- Individualised person-centred care
- Individualised risk assessment
- Disability awareness.

Records of service user meetings and reports of quality monitoring visits indicated the agency's systems for regularly engaging with service users and where appropriate relevant stakeholders.

The inspector noted that the agency had completed their annual quality survey with positive results. The service users had the opportunity to comment on the following:

- I am happy where I live in the community
- I am happy with the people I share my home with
- I feel safe in my own home
- I am happy with the care & support I receive from Inspire staff
- Staff provide me with information to help me make decisions
- Staff ask me what is important to me
- Any information given to me is provided in an easy read format
- Staff talk to me about changes within Inspire and within my own home
- I feel involved in improving services provided by Inspire
- Staff treat me fairly and with respect
- Staff talk to me when something is bothering me and support me to make a complaint when I need to
- Staff support me to attend activities in my local area that I enjoy
- Staff support me to do special events that I want to do on my own
- Staff support me to attend my yearly care review.

The inspector also noted that service user's next of kin had been asked to provide the agency with feedback on the quality of the service provided. The feedback was very positive in relation to:

- Are you happy with the service provided by staff at The Heathers?
- Are you happy with the care and support provided to your family member?
- Do you see any improvement in your family member's health and wellbeing since they came to The Heathers?
- Are you happy with the visiting arrangements, and do you feel welcomed when coming to visit?
- Do you feel your relative is more content in this environment?

- Are there any issues or recommendations you would like to share in order for us to improve the quality of the service?

Staff spoken with were aware of issues relating to consent. Staff members gave examples of the importance of involving service users in making decisions about their own care. They spoke about respecting service users' rights to decline care and support and in recognising the best times for service users to make certain decisions. It was good to note that staff were promoting the autonomy of service users.

Service users consulted with during the inspection gave good examples of the different ways the staff treated them with respect and dignity, whilst promoting their independence. Staff interactions observed by the inspector were noted to be warm and caring.

**Areas of good practice**

The agency promoted the involvement of service users within the service. There were examples of good practice identified throughout the inspection in relation to the provision of individualised, compassionate care and engagement, with service users and other relevant stakeholders with the aim of promoting the safety of service users, improving the quality of the service provided.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.7 Is the service well led?**

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

The inspector reviewed the management and governance systems in place within the agency to meet the needs of the service users; the agency is managed on a day to day basis by the manager, with the support of senior project workers and, project workers. It was identified that the agency has effective systems of management and governance in place.

The staff members spoken with confirmed that there were good working relationships and that the manager was responsive to any suggestions or concerns raised.

All staff providing care and support to service users are required to be registered with the NISCC. The manager confirmed that information regarding registration and renewal dates were maintained by the agency. A review of NISCC records confirmed that all staff are currently registered. The manager described the system in place for monitoring renewal of NISCC registrations and confirmed that all staff are aware that they are not permitted to work if their registration has lapsed.

There had been no complaints received by the agency from the date of the last inspection. All those consulted with were confident that staff/management would manage any concern raised by them appropriately.

Monthly quality monitoring visits were completed in accordance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. An action plan was generated to address any identified areas for improvement and these were followed up on subsequent months, to ensure that identified areas had been actioned.

The inspector was advised that systems were in place to monitor and report on the quality of care and support provided. For example, the following audits were completed in accordance with the agency's policies and procedures:

- Care and support records
- Accidents and incidents
- Complaints
- NISCC registrations
- Training and supervision
- Restrictive practices.

Processes for engaging with and responding to the comments of service users and their representatives were also evident within the agency's annual quality service user survey.

There was a system in place to ensure that the agency's policies and procedures were reviewed at least every three years. Policies were held online and were accessible to staff.

There was evidence of effective collaborative working relationships with key stakeholders, including the HSC Trust, families of the service users and staff. The agency had received positive feedback through the quality monitoring report from HSC trust' representatives regarding the ability of the agency staff to work in partnership to meet the needs of the service users.

The registered person and manager have worked effectively with RQIA to operate and lead the organisation in maintaining compliance with Regulations and Minimum Standards.

On the date of inspection the certificate of registration was on display and reflective of the service provided.

### **Areas of good practice**

There were good governance and management arrangements in place, which focused on quality improvement initiatives and maintaining good working relationships.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0

**7.0 Quality improvement plan**

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.





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